MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

03539

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insf. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 9 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME William B. Anderson

3. (b) Social Security Number None

4. Sex Male
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife —
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) July 16 - 1889

8. AGE: Years 50 Months 8 Days 0 If less than one day hrs. min.

9. Birthplace Locust Hill Middlex Virginia
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Christor Anderson
13. Birthplace Virginia
MOTHER 14. Maiden name Unknown
15. Birthplace
16. Informant Mary "Mayfield
Address Snow Hill Md #2
17. Burial Date thereof March 18-40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Coolspring
Location Snow Hill
18. Funeral director Hearne & Dennis
Address Snow Hill Md

19. 3/18 1940 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940, 10 20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 19
and that I last saw him alive on 19
medical examiner certificate

Immediate cause of death Crushed Chest, Right — DURATION 1/2 hrs.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of March 16, 1940
Where did injury occur? Snow Hill (City or town) Worcester (County) Maryland (State)
Injured at home, farm, industry, public place (where?) Public highway
Means of injury automobile struck him Injured at work? No

23. SIGNATURE J. A. Radmacher M.D. Wicomico Co.
Deputy Med Examiner M. D. or other
Address Salisbury Md Date signed 3/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45rd) tz

03540

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury P.G. Hospital
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Worcester

City or town Stockton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME William James Ayres

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Ella Ayres

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years about 69 | Months | Days | If less than one day hrs. min.

9. Birthplace Gudletree Worcester Md
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Sinepuxent Bay

FATHER
12. Name John Ayres
13. Birthplace Maryland

MOTHER
14. Maiden name Ella Bell
15. Birthplace Maryland

16. Informant Harry W. Ayres
Address Stockton Md

17. Burial
(Burial, cremation, or removal. Which?) Date thereof March 28-40 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Gudletree Md

18. Funeral director Hearne & Dennis
Address Snow Hill Md

19. 3/26 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1940, at 4 15/9 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 24 1940, to March 21 1940, and that I last saw h 1 in alive on March 25 1940.

Immediate cause of death	DURATION
Mesenteric thrombosis	2 days
Due to Chronic myocarditis	6 mos
Due to	
Other conditions Carcinoma of left mandible	9 mos

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L A Rademaker M.D.
M. D. or other
Address Salisbury Md Date signed 3/26/40

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

03541

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula Gen. Hosp.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wic.

City or town Nanticoke Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Barclay

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	Col.	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9 1940

8. AGE: Years Months Days / If less than one day hrs. min.

Stillborn

9. Birthplace Salisbury Wicomico, Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name John Enos Barclay

13. Birthplace Nanticoke, Md.

MOTHER 14. Maiden name Sarah Ellen Jones

15. Birthplace Nanticoke, Md.

16. Informant

Address

17. Cremation Date thereof 3/9/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory P. G. Hospital

Location Salisbury, Md.

18. Funeral director (acting) Supt. P. G. Hospital

Address Salisbury Md.

19. 3/28 1940 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9, 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,

and that I last saw h alive on 19.

Immediate cause of death	DURATION
Stillborn	
5 months.	
Due to Mother had Lobar	
Due to Pneumonia.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D Allen Field M. D. or other

Address Nanticoke Md. Date signed 3-9-40.

RECEIVED
APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (159)

03542

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury (Peninsula Gen. Hospital)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Som.
City or town Princess Anne R.D. 2 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Bloodsworth

3. (b) Social Security Number none

4. Sex Female
5. Color or race white
6. (a) Single, married, widowed, or divorced —
6 (b) Name of husband or wife —
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 29, 1940

8. AGE: Years | Months | Days | If less than one day 3 hrs. 50 min.

9. Birthplace Salisbury, Md.
(Town, county, and state)
10. Usual occupation —
11. Industry or business
FATHER
12. Name Wade Bloodsworth Jr.
13. Birthplace Mt Vernon Md.
MOTHER
14. Maiden name Virginia Horner
15. Birthplace Mt Vernon Md.
16. Informant Wade Bloodsworth Jr.
Address Princess Anne R.F.D. #2 Md.
17. Burial
(Burial, cremation, or removal. Which?)
Date thereof March 29, 1940 (month) (day) (year)
Cemetery or crematory Asbury cemetery
Location Mt Vernon Md.
18. Funeral director Dale Dashiell
Address Princess Anne Md.
19. 3/29 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29th 1940, at 4 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 29th 1940, to March 29 1940, and that I last saw her alive on March 29th 1940.
Immediate cause of death Premature Birth
Due to Pyelitis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION
6 1/2 mo. Pregnancy 1 mo.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Thos B Mulgrew M. D. or other
Address Princess Anne Date signed 3/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03543

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Pen. Gen. Hospital
Stay in hospital or inst. (yrs., or mos., or days) 12 days
Stay in this community (yrs., or mos., or days) 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Near Stockton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Mr George W Brown
3. (b) Social Security Number ✓

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Minnie M. Brown
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Aug. 29 - 1861
8. AGE: Years 78 Months 6 Days 23 If less than one day ___ hrs. ___ min.
9. Birthplace Stockton Worcester Md.
(Town, county, and state)
10. Usual occupation Farming
11. Industry or business
FATHER 12. Name Geo Brown
13. Birthplace Md.
MOTHER 14. Maiden name Unknown
15. Birthplace "
16. Informant Otho Brown
Address Stockton Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof March 25-1940 (month) (day) (year)
Cemetery or ~~crematory~~ Portersville County
Location Near Stockton Md.
18. Funeral director Margaretta H. Watson
Address Pocomoke City Md.
19. 3/24 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1940, at 6.02 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/11 1940, to 3/23 1940, and that I last saw him alive on 3/23 1940.
Immediate cause of death Acute Appendicitis — DURATION Mo.
Due to
Due to
Other conditions Acute Myocarditis — Mo.
(Include pregnancy within 3 months of death)
Major findings:
Of operations Acute Appendicitis
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ✓ Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) —
Means of injury ✓ Injured at work? —

23. SIGNATURE R. McNab M. D. or other
Address Salisbury Date signed 3/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-B)

03544

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 200½ Delaware

Stay in hospital or inst. (yrs., or mos., or days) none

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 200½ Delaware St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME (Lulu) Louisa Brown

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	a. a.	widow

6 (b) Name of husband or wife Franke Brown deceased

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE:

Years	Months	Days	If less than one day
55			____ hrs. ____ min.

9. Birthplace Salisbury, Wicomico Co., Maryland (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business ✓

FATHER 12. Name Henry Leonard

13. Birthplace Salisbury, Maryland

MOTHER 14. Maiden name Emeline Handy

15. Birthplace Rock-a-walkin Md.

16. Informant Mrs. Lillie Dashiell

Address 200½ Delaware St. Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-17-40 (month) (day) (year)

Cemetery or crematory Houston

Location Salisbury Maryland

18. Funeral director James F. Stewart

Address 402 E. Church St. Salisbury Md.

19. 3/17, 1940 Harriet E. Johnson Local registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1940, at 4a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 6 1940, to Mar 13 1940, and that I last saw h[er] alive on March 13 1940

Immediate cause of death Organic Heart Disease of Mitral type — DURATION Not given

Due to ____

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE A. A. Browne M. D. or other

Address Salisbury, Maryland Date signed 3/18/40

RECEIVED
MAR 29 1940
BUREAU V. S.

03545

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Truitt street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 42

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Truitt
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sadie E. Budinger

3. (b) Social Security Number None

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife John W. Budinger
6(c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.) Sept. 27. 1897
8. AGE: Years 42 Months 5 Days 9 If less than one day ___ hrs. ___ min.
9. Birthplace Whiteville Del. (Town, county, and state)
10. Usual occupation House wife
11. Industry or business at Home
FATHER 12. Name John B. Parsons
13. Birthplace Near Parsonsburg. Md.
MOTHER 14. Maiden name Sallie M. Parsons
15. Birthplace Near Parsonsburg Md.
16. Informant Mr. John W. Budinger
Address Truitt st. Salisbury Md
17. Buried (Burial, cremation, or removal. Which?) Date thereof Mar. 18-40 (month) (day) (year)
Cemetery or crematory Parsons Cem.
Location Salisbury Md
18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Maryland
19. 3/8, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6. 1940 (8:30 a.m.)
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 29 1940, to March 6 1940, and that I last saw her alive on March 6 1940.
Immediate cause of death Valvular heart disease — DURATION 5 years
Influenza — 3 weeks
Due to Chronic Interstitial Nephritis — 14 yrs
Due to
Other conditions Diabetes — 3 years
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Injured at work?

23. SIGNATURE Charles N. Brown M.D. M. D. or other
Address Salisbury Md Date signed 3/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1940
BUREAU V. S.

03546

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(168) Tc

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): no

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Marion Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Byrd, Charles.

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Black

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug 27 - 1919

8. AGE: Years 20 | Months 6 | Days 20 | If less than one day hrs. min.

9. Birthplace: Marion Somerset Co Md
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Joseph Byrd
13. Birthplace: Marion Somerset Co Md

MOTHER
14. Maiden name: Mary Gumby
15. Birthplace: Marion Somerset Co Md

16. Informant: Joseph Byrd
Address: Crisfield Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Mar 20 - 1940
(month) (day) (year)

Cemetery or crematory: Branch

Location: Marion Md

18. Funeral director: Chas H Ward
Address: Marion Md

19. 3/18 1940 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 16 1940, at 9 20 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Medical Examiner 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death: Lacerated Brain — DURATION: 3 hrs.

Due to: Fractured skull — 3 hrs.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: Laceration of Left Temporal area and vertex of brain. Fractured skull

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Homicide Date of 3-16-40

Where did injury occur? Salisbury (City or town) Wicomico (County) Md (State)

Injured at home, farm, industry, public place (where?): Unknown

Means of injury: Struck on head with chair. Injured at work? No

23. SIGNATURE: J A Rademaker M.D. Deputy Medical Examiner. Wicomico C
M. D. or other

Address: Salisbury Md Date signed 3/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 6 1940
BUREAU V. S.

Dr Mann

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(83-a)

03547

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

County Wicomico

City or town Pittsville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wicomico

City or town near Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Anderson Road R.D. #2

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George B Crouch

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mrs Ethel Crouch

6(c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Sept. 26 - 1886

8. AGE: Years 53 | Months 5 | Days 5 | If less than one day ___ hrs. ___ min.

9. Birthplace Siloam Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Tenant Farmer

FATHER
12. Name William C. Crouch
13. Birthplace Fruitland Md

MOTHER
14. Maiden name Mary Washburn
15. Birthplace Shad Point Md

16. Informant Mrs. Ethel Crouch

Address R.D. #2 Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 3. 1940 (month) (day) (year)

Cemetery or crematory Parsons Cemetery

Location Salisbury Md.

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Maryland

19 Mar. 3, 1940 (Date rec'd by registrar) Killian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1st 1940 (7.20 p.m.) at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1939, to March 1 1940, and that I last saw him alive on Feb - 28 1940

Immediate cause of death: Cerebral Hemorrhage — DURATION 7 mos

Due to

Due to Hypertension — Unknown

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE Hiram R. Mann M. D. or other

Address Salisbury Md Date signed 3/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 14 1940
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94P) 145 03548

CERTIFICATE OF DEATH

Reg. Dist. No. 3-3-3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: near Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Route 3

Stay in hospital or inst. (yrs., or mos., or days): About 7 hours

Stay in this community (yrs., or mos., or days): About 25 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Marylande County: Wicomico

City or town: near Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Route 3.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Grace Dale

3. (b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	A.A	married

6 (b) Name of husband or wife: Walter Dale

6(c) If alive, give age: 26 years

7. Birth date of deceased (mo., day, yr.): 1902

8. AGE: Years	Months	Days	If less than one day
38	✓	✓	✓ hrs. ✓ min.

9. Birthplace: Pittsville Wicomico Co., Md.
(Town, county, and state)

10. Usual occupation: House wife & Help in field

11. Industry or business

FATHER — 12. Name: George Farlow

FATHER — 13. Birthplace: Pittsville Md.

MOTHER — 14. Maiden name: Emeline Parker

MOTHER — 15. Birthplace: Pittsville Maryland

16. Informant: Walter Dale

Address: near Salisbury Route 3.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-12-40 (month) (day) (year)

Cemetery or crematory: Houston Cemetery

Location: Salisbury Md.

18. Funeral director: James F. Stewart

Address: 402 E. Church St Salisbury Md

19. 3/12, 1940 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 9 1940, 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/8 1940, to 3/9 1940, and that I last saw h[illegible] alive on 3/9 1940.

Immediate cause of death	DURATION
Angina Pectoris	hrs
Due to	
Due to	
Other conditions: Pregnancy	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ✓ Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: ✓ Injured at work? ✓

23. SIGNATURE: [illegible] M. D. or other

Address: Salisbury Date signed: 3/11/40

RECEIVED
APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

CERTIFICATE OF DEATH

03549

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (Rural) (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Eastern Shore TB Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yr 3 mo 21 d.

(e) Length of stay in this community (yrs., mos., or days) Same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Wicomico

(c) City or town Quantico (If outside city or town limits, write RURAL and give town)

(d) Street No. _____ (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Kathryn Marie Dunn

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife John Dunn

6. (c) If alive, give age unknown years

7. Birth date of deceased (mo., day, yr.) Nov 30 1900

8. AGE: Years 39 | Months 3 | Days 1 | If less than one day _____ hr. _____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Joseph Boeth

13. Birthplace unknown

MOTHER

14. Maiden Name unknown

15. Birthplace unknown

16 (a) Informant deceased on admission

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 3 - 40 (month) (day) (year)

(c) Cemetery or crematory Bivalve M.P. Cem.

Location Bivalve Md

18 (a) Funeral director Mrs C. Messick & Son

(b) Address Bivalve Md

19 (a) 3/3/40 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death March 1 1940, at 11.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/10/37 19____, to 3/1/40 19____, and that I last saw him alive on 3/1/40 19____.

Immediate cause of death Pulmonary Tuberculosis — Duration 40 mo.

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature Paul Cohen M.D. M. D. or other

Address Salisbury Md Date signed 3/1/40

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03550

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) 30 days
Stay in this community (yrs., or mos., or days) 30 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Delaware County Sussex
City or town Delmar, Del. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R F D 1
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George William Elliott

3. (b) Social Security Number none

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Laura E. Elliott
6(c) If alive, give age 54 years
7. Birth date of deceased (mo., day, yr.) April 19, 1887

8. AGE: Years 52 | Months 10 | Days 28 | If less than one day ___ hrs. ___ min.

9. Birthplace Whitesville Del. (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name Wm James Elliott
13. Birthplace Delaware
MOTHER
14. Maiden name Emma Pusey
15. Birthplace Delaware
16. Informant Mrs Laura E. Elliott
Address Delmar, Del. R F D 1
17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-19-40 (month) (day) (year)
Cemetery or crematory Wilson's Cemetery
Location Delmar, Md.
18. Funeral director Will S. Marvel
Address Delmar, Delaware
19. 3/19, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1940, at 1:17 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 17 1940, to Mar 17 1940, and that I last saw h— alive on March 17 1940.

Immediate cause of death: Hypertrophic Prostate — DURATION: Weeks
Due to Pyelitis — Weeks
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Hypertrophic Prostate
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Melody Date signed 3/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (940)

Reg. Dist. No. 333

03551

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS

(M)

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 602 Rose St.

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(d) Street No. 602 Rose St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Fall, Torrence Thomas

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Lillie Fall

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 49 | Months | Days | If less than one day _____ hr. _____ min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual occupation Cook

11. Industry or business Hotel

FATHER

12. Name Unknown

13. Birthplace

MOTHER

14. Maiden Name Unknown

15. Birthplace

16 (a) Informant George Milbourne

(b) Address 602 Rose St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/40 (month) (day) (year)

(c) Cemetery or crematory Houston Cem.

Location Salisbury Md.

18 (a) Funeral director Mrs. C. Merrick & Sons

(b) Address Hebron Md.

19 (a) 3/25/40 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death March 23 1940, at 6 p.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1938, to March 23 1940, and that I last saw him alive on March 20 1940.

Immediate cause of death	Duration
Coronary Thrombosis	sudden death
Coronary Thrombosis	
Due to Berger's disease	4 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L A Rademaker M.D. (M. D. or other)

Address Salisbury, Md. Date signed 3/25/40

MARGIN RESERVED FOR BINDING

VS. A15

(T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

03552

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Peninsula General Hosp.
Stay in hospital or inst. (yrs., or mos., or days) Day -
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Worcester
City or town Newark, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Foreman, Harry

3. (b) Social Security Number

4. Sex M.
5. Color or race Col.
6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30, 1937

8. AGE: Years 3 Months 11 Days 12 If less than one day hrs. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Elijah Foreman
13. Birthplace Md.

MOTHER
14. Maiden name Annie Deberry
15. Birthplace Va.

16. Informant Elijah Foreman
Address Newark, Md.

17. Burial Date thereof 3/14/40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Findley Cem.
Location Newark, Md.

18. Funeral director Elijah Foreman
(acting)
Address Newark Md.

19. 3/13, 1940 Harriet E. Johnson
(Date rec'd by registrar) Socal (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1940, at 11 15 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 12 1940, to March 12 1940, and that I last saw h[illegible] alive on March 12 1940

Immediate cause of death Bilateral massive Pneumonia. Lobar.
DURATION 2 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Df operations

Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE LaRademaker M.D.
M. D. or other
Address Salisbury, Md Date signed 3-13-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186a) (CN)

03553

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Pen. Gen. Hospital
Stay in hospital or inst. (yrs., or mos., or days): 10 weeks
Stay in this community (yrs., or mos., or days): 2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Delaware County: Sussex ✓
City or town: Blades Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Gilbert, Josiah

3. (b) Social Security Number

4. Sex: M.
5. Color or race: White
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Josephine Gilbert
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Feb 9 1879

8. AGE: Years: 61 Months: 1 Days: 19 If less than one day: ____ hrs. ____ min.

9. Birthplace: N.J. (Town, county, and state)
10. Usual occupation: Labor
11. Industry or business:
FATHER 12. Name: Josiah Gilbert
13. Birthplace: N.J.
MOTHER 14. Maiden name: Josephine Schaller
15. Birthplace: Germany
16. Informant: Sadie Gilbert
Address: Mardela
17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 30-1940 (month) (day) (year)
Cemetery or crematory: St Andrews
Location: Camden N.J.
18. Funeral director: Graveney Bros
Address: Sharptown
19. 3/28 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 28 1940, at 1:15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 18 1940, to March 28 1940, and that I last saw h 1 m alive on March 27 1940.

Immediate cause of death: Septic meningitis — DURATION: 60 days
Due to: Septic knee joint and abscess — 61 days
Due to: Fractured patella
Other conditions: F
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Fractured patella, infected knee
Of autopsy: meningitis - septic knee

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 1-17-40
Where did injury occur? Sharptown (City or town) Wicomico (County) Md (State)
Injured at home, farm, industry, public place (where?): home
Means of injury: fell in barnyard Injured at work?

23. SIGNATURE: J A Rodenmeier M.D. M. D. or other
Address: Salisbury Md Date signed: 3-28-40

RECEIVED
APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03554

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 118 E. Isabella St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 35 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infanta give residence of mother)
State: Maryland County: Wicomico
City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 118 E. Isabella St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Nellie Miles Gordy

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~: Vaughn S. Gordy
6(c) If alive, give age: 79 years

7. Birth date of deceased (mo., day, yr.): March 29 1860

8. AGE:

Years	Months	Days	If less than one day
79	11	21	hrs. min.

9. Birthplace: Near Manokin River; Somerset Co; Md.
(Town, county, and state)
10. Usual occupation: House Wife
11. Industry or business: Home Maker
FATHER 12. Name: Henry Miles
13. Birthplace: Unknown
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown
16. Informant: Mrs. Vaughn S. Gordy
Address: 118 E. Isabella St, Salisbury, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof March 22, 1940 (month) (day) (year)
Cemetery or crematory: Parsons Cemetery
Location: Salisbury, Maryland.
18. Funeral director: The Hill & Johnson Co.
Address: Salisbury, Maryland.
19. 3/22, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 20, 1940, 3.40 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 23 1939 to Mch 20 1940
and that I last saw h alive on Mch 20 1940

Immediate cause of death	DURATION
Sclerotic Heart.	1940
Due to Arteriosclerosis	1939
Due to Carcinoma Gall Bladder	1939
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: N O Daisy M. D. or Other
Address: Salisbury, Md. Date signed 3/21/40

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

CERTIFICATE OF DEATH

03555

Reg. Dist. No. 3321

1. PLACE OF DEATH:
County Wicomico
City or town Pittsville and
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: no
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md County Wicomico
City or town Pittsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. no R.F.D. No 2
(If rural give LOCATION) no
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Gray

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	a a	married

6 (b) Name of husband or wife Sarah Gray
6(c) If alive, give age about 80 years

7. Birth date of deceased (mo., day, yr.) about 1858

8. AGE: Years: about 82 | Months: — | Days: - | If less than one day: ____hrs. ____min.

9. Birthplace Pittsville md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business no

FATHER
12. Name Unknown
13. Birthplace unknown

MOTHER
14. Maiden name Unknown
15. Birthplace unknown

16. Informant William Gordy
Address Pittsville md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 28 1940 (month) (day) (year)
Cemetery or crematory Glen Hill
Location Pittsville md

18. Funeral director James P. Stewart
Address Salisbury md

19. Mar. 28, 1940 Lillian P. Davis
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1940, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 26 1940, to March 26 1940, and that I last saw h[im] alive on March 26 1940.

Immediate cause of death	DURATION
Chronic interstitial Nephritis	Unknown
Due to	
Due to	
Other conditions Uremic Convulsions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. D. Browne M. D.
M. D. or other
Address Salisbury Md. Date signed 3/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 5 1940
BUREAU V. S.

Dr. Ritts

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

03556

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: Wicomico

County

City or town Salisbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1100 E. Church

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 12 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Wicomico

City or town Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1100 E. Church

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph T. Hambrick

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

B (b) Name of husband or wife Ada A. Hambrick

6(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Jan. 13. 1879

8. AGE: Years 71 Months 1 Days 22 If less than one day ___ hrs. ___ min.

9. Birthplace Leesburg N.C. (Town, county and state)

10. Usual occupation Retired

11. Industry or business Hotel Prop.

FATHER 12. Name John T. Hambrick

13. Birthplace Halifax Va.

MOTHER 14. Maiden name Martha Paylor

15. Birthplace Leesburg N.C.

16. Informant Mrs. Ada A. Hambrick

Address 1100 E. Church St. Salisbury Md

17. Burial (Burial, cremation or removal. Which?) Date thereof Mar. 7-40 (month) (day) (year)

Cemetery or crematory Wico. Mem. Park

Location Salisbury Md.

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Md.

19. 3/7 1940 Harriet E. Johnson Local Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5. 1940 (5.30 P.M.)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1939, to March 2 1940, and that I last saw him alive on March 4 1940.

Immediate cause of death Hypostatic pneumonia, bronchial, in type. Duration: one week. CWG

Due to Primary cause: Cerebral hemorrhage

Due to Duration: One year. CWG

Other conditions Arteriosclerosis Hemiplegia (Include pregnancy within 8 months of death)

Major findings:

Of operations none

Of autopsy none

DURATION several days

several years. one year.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. W. Kiss, M.D. M. D. or other

Address Salisbury, Md. Date signed 3/7/40

RECEIVED
APR 6 1940
BUREAU V. S.

Dr. Brown

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

CERTIFICATE OF DEATH

03557

Reg. Dist. No. 333

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R.F.D. # 3
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 65 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.F.D. # 3
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rebecca Emily Hammond **3. (b) Social Security Number** None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife W. James Hammond 6(c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) Jan. 30 - 1854

8. AGE: Years	Months	Days	If less than one day
86	1	17	hrs. min.

9. Birthplace Worcester Co. Md. (Town, county, and state)
10. Usual occupation Retired Home wife
11. Industry or business at Home

FATHER
12. Name Solomon Levin Beth and
13. Birthplace R.D. Parsonsburg Md.

MOTHER
14. Maiden name Susan Jane Shockley
15. Birthplace R.D. Snow Hill Md.

16. Informant Mrs. Luther P. Pilchman
Address R.D. #3. Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 19-40 (month) (day) (year)
Cemetery or crematory Hammond Cem.
Location Mt. Herman + Powellville Rd
18. Funeral director Holloway + Co. Walter R. Holloway
Address Salisbury Md.

19. 3/19/40 (Date rec'd by registrar) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17th 1940 (10:30 A.M.)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 1940 to March 17 1940 and that I last saw h[illegible] alive on March 17th 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	3/17/40
Due to Cerebral Embolism	1938
Due to Hypertension	1938
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles T. Brown M.D.
M. D. or other
Address Salisbury Md. Date signed Mar 19 40

RECEIVED
APR 8 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(122-a) tr

03558

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico.

City or town Peninsula General Hospital
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Salisbury Md

Stay in hospital or inst. (yrs., or mos., or days) 12 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Princess Anne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William A. Hancock.

3. (b) Social Security Number

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Widower.

6 (b) Name of husband or wife Margaret Carroll Hancock

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1880.

8. AGE: Years 59 | Months 11 | Days 17 | If less than one day hrs. min.

9. Birthplace Worcester Co.
(Town, county, and state)

10. Usual occupation Barber.

11. Industry or business

FATHER
12. Name Ambros S. Hancock
13. Birthplace Worcester Co

MOTHER
14. Maiden name Frances Jones.
15. Birthplace Worcester Co

16. Informant Mrs. Emma L. Mason.

Address Snow Hill, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 28, 1940 (month) (day) (year)

Cemetery or crematory Princess Anne Md.

Location

18. Funeral director Dale Dashiell

Address Princess Anne Md.

19. 3/28 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-28 1940, at 12A 25 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-16 1940, to 3-28- 1940, and that I last saw him alive on 3-28-40 19

Immediate cause of death: Intestinal obstruction — Duration: [illegible]
Peritonitis: not due to cancer — Duration: [illegible]

Due to Hernia and hydrocele [illegible]
Duration: not stated

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Abdominal drainage

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide NE Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE [signature] M. D. or other

Address Salisbury Date signed 3/28/40

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03559

93-2

CERTIFICATE OF DEATH

Reg. Diat. No. 333

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 147 West College Ave.
Stay in hospital or inst. (yrs., or mos., or days): ✓
Stay in this community (yrs., or mos., or days): 7 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Quantico, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Benjamin F. Harris

3. (b) Social Security Number: ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Stella Harris
6(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): April 4, 1860.

8. AGE:

Years	Months	Days	If less than one day
79	11	1	hrs. min.

9. Birthplace: Wicomico Co., Md.
(Town, county and state)
10. Usual occupation: Retired
11. Industry or business: Farmer
FATHER 12. Name: Benjamin F. Harris
FATHER 13. Birthplace: Wicomico Co., Md.
MOTHER 14. Maiden name: Mary Anne Bounds
MOTHER 15. Birthplace: Wicomico Co., Md.
16. Informant: Mrs. Claude Dashiell
Address: 147 W. College Ave., Salisbury, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/5/40 (month) (day) (year)
Cemetery or crematory: Wicomico Memorial Park
Location: Salisbury, Md.
18. Funeral director: De Vilbiss Johnson Co.,
Address: Salisbury, Md.
19. 3/15/1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 13, 1940, at 8 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 2 1940, to March 13 1940, and that I last saw h— alive on March 13 1940.

Immediate cause of death	OURATION
Myocarditis	
Due to Senile Arteriosclerosis	
Due to	
Other conditions Senile Dementia	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: D Allen Dodd, M. D. or other
Address: Mardela Md. Date signed 3-15-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92nd)

03560

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: P.G. Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 11 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 901 E. Church
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Albert Henry Harrison

3. (b) Social Security Number None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Mary C Harrison
6(c) If alive, give age 52 years
7. Birth date of deceased (mo., day, yr.) Nov. 21. 1878

8. AGE: Years 61 Months 4 Days 9 If less than one day ___ hrs. ___ min.

9. Birthplace Evansville Ind.
(Town, county, and state)
10. Usual occupation Paper Hanger
11. Industry or business
FATHER
12. Name William Henry Harrison
13. Birthplace London England
MOTHER
14. Maiden name Emily Heywood
15. Birthplace London England
16. Informant Mrs. Mary C. Harrison
Address 901 E. Church St. Salisbury Md
17. Burial
(Burial, cremation, or removal. Which?) Date thereof April 2-40 (month) (day) (year)
Cemetery or crematory Parsons Cem
Location Salisbury Md.
18. Funeral director Holloway & Co. Walter R. Holloway
Address Salisbury Md.
19. 4/2, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 - 1940 (at 12.50 a M)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 1940, to March 30 1940, and that I last saw him alive on March 29 1940.

Immediate cause of death
Valvular Heart Disease
Chronic Myocarditis
DURATION
Unknown
Unknown
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of Apr. 2nd
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Hugh R Moore M. D. or other
Address Salisbury Md Date signed Apr. 2nd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1940
BUREAU V. S.

Dr. Insley

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53-a)

CERTIFICATE OF DEATH

03561

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH: Wicomico
County
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 417 E Smith
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 26 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 417 Smith E
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ernest H. Hayman
3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Eva P. Hayman
6(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): June 19-1867

8. AGE:

Years	Months	Days	If less than one day
72	7	13	hrs. min.

9. Birthplace: R.F.D. Princess Anne Md (Town, county, and state) (Rural Post Office)
10. Usual occupation: retired
11. Industry or business: Surveyor
FATHER 12. Name: Frank J. A Hayman
13. Birthplace: R.F.D. Princess Anne Md.
MOTHER 14. Maiden name: Mary E. Brown
15. Birthplace: Worcester Co. Md.
16. Informant: Mrs. Eva P. Hayman
Address: 417 Smith st Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 6-40 (month) (day) (year)
Cemetery or crematory: Parsons Church Cem.
Location: West Post office R.D. Princess Anne Md
18. Funeral director: Holloway & Walter R. Holloway
Address: Salisbury Maryland.
19. 3/6/40 Lardie E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4-1940 (11.30 a) M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4-3-1940 to 4-4-1940, and that I last saw h[illegible] alive on 4-4-1940.

Immediate cause of death	DURATION
Cerebral hemmhage	
Due to arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
(Home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas A Insley M.D.
M. D. or other
Address Salisbury Md Date signed 3-5-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-d)

03562

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico Co
City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: RD #4
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico Co
City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. RD #4
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stephen Patrick Henry
3. (b) Social Security Number None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Widower
6 (b) Name of husband or wife Carrie Stephenson (Died 1897.)
6(c) If alive, give age Dead years
7. Birth date of deceased (mo., day, yr.) Jan. 16-1846
8. AGE: Years 94 Months 2 Days 8 If less than one day hrs. min.
9. Birthplace R.F.D. Mardela Md.
(Town, county, and state)
10. Usual occupation retired Sailor & Labor
11. Industry or business
FATHER 12. Name John S. Henry
13. Birthplace Near Hebron Md
MOTHER 14. Maiden name Sarah E. Lynch
15. Birthplace R.F.D. Shaystown Md
16. Informant Mr. Rose D. Henry
Address S. Division St Ext Salisbury Md
17. Burial Date thereof Mar. 27-40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Laurel Hill Cem
Location Laurel Del.
18. Funeral director Holloway & Co.
Address Salisbury Md.
19. 3/27, 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24-1940 (11 P. M)
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 23 1940, to Mch 23 1940, and that I last saw him alive on Mch 23, 1940.

Immediate cause of death Sclerotic Heart — DURATION 19 mos.
Due to Hypertension — 2 yrs
Due to Arteriosclerosis — 2 yrs
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. O. Garsey MD
M. D. or other
Address Salisbury Md Date signed 3/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-d)

03563

CERTIFICATE OF DEATH

Reg. Dist. No. 333

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Salisbury (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Commerce Street Ext
Stay in hospital or insf. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Salisbury Ward No.: (If outside city or town limits, write RURAL NEAR and give town)
Street No.: Commerce Street Ext (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary E. Hill

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: George W. Hill
6 (c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): July 22, 1866

8. AGE: Years: 73 | Months: 8 | Days: 1 | If less than one day: hrs. min.

9. Birthplace: near Newtown Md. (Town, county, and state)
10. Usual occupation: Retired Home wife
11. Industry or business: at Home
12. FATHER — Name: Samuel Martin
13. Birthplace: Somerset Co. Maryland
MOTHER — 14. Maiden name: Jane Brasenton
15. Birthplace: Somerset Co. Maryland
16. Informant: Mr George W. Hill
Address: Commerce st. Ext. Salisbury Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 25-40 (month) (day) (year)
Cemetery or crematory: Methodist-P. Cemetery
Location: Snow Hill Md.
16. Funeral director: Holloway & Co., Walter R. Holloway
Address: Salisbury Md.
19. 3/26-1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 23 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 12 1940, to March 23 1940, and that I last saw her alive on March 22 1940

Immediate cause of death	DURATION
Myocarditis, Chronic	2 yrs
Due to Arteriosclerosis	8 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: J. T. Calender V-P.
Address: Salisbury, Md. M. D. or other
Date signed: 3-25-1940

RECEIVED
APR 8 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186a)

03564

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Peninsula General Hospital

Stay in hospital or inst. (yrs., or mos., or days) 31 days

Stay in this community (yrs., or mos., or days) 87 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Hebron Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Alice Hitch

3. (b) Social Security Number ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): Oct. 31st, 1853

8. AGE: Years 86 | Months 4 | Days 11 | If less than one day ___ hrs. ___ min.

9. Birthplace: Wicomico Co., Md.
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: Florist

FATHER
12. Name: Ezekiel Hitch
13. Birthplace: Wicomico Co., Md.

MOTHER
14. Maiden name: Serepta
15. Birthplace: Wicomico Co., Md.

18. Informant: Mrs Arthur Hitch,
Address: Norfolk, Va.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 3/13/40.
(month) (day) (year)

Cemetery or crematory: Family Cemetery

Location: Near Hebron, Md.

18. Funeral director: The Hill & Johnson Co.,
Address: Salisbury, Md.

19. 3/13, 1940 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-11 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-9- 1940, to 3-11 1940, and that I last saw her alive on 3-11 1940.

Immediate cause of death: Angina Pectoris due to coronary disease

Due to

Due to

Other conditions: Fracturing Femur; due to an accidental fall. cw.S.R.
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy

DURATION: Kuh

2/9/40

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ✓ Accident. Date of Feb 15, 1940.

Where did injury occur? ✓ (City or town) ✓ (County) (State)

Injured at home, farm, industry, public place (where?) — in her home.

Means of injury: Accidental fall. Injured at work? —

23. SIGNATURE: R. M. Nuh
M. D. or other

Address: Caledy Date signed 3/11/40

RECEIVED
APR 8 1940
BUREAU V. S.

03565

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P.G. Hospital

Stay in hospital or inst. (yrs., or mos., or days): 7

Stay in this community (yrs., or mos., or days): 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Wicomico

City or town: Salisbury Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 211 Delaware St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Katie Jenkins

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Wm Jenkins

6 (c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): April 25 1891

8. AGE: Years: 48 Months: 10 Days: 13 If less than one day: hrs. min.

9. Birthplace: Allen Md. (Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business: private home

FATHER
12. Name: William Jenkins
13. Birthplace: Allen Md.

MOTHER
14. Maiden name: Rosie Dennis
15. Birthplace: Allen Md.

16. Informant: Wm Jenkins

Address: 211 Delaware St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3/12/'40 (month) (day) (year)

Cemetery or crematory: Allen Cem.

Location: Allen Md.

18. Funeral director: Mrs. C. S. Mersick & Son's

Address: Hebron Md.

19. 3/12 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 8th 1940, at 2:45 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/5 1940, to 3/8 1940, and that I last saw her alive on 3/8 1940.

Immediate cause of death: Pulmonary Embolism — DURATION: sudden

Due to: Laparotomy for carcinoma of umbilicus — 6 mos

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Carcinoma of Umbilicus

Of autopsy:

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Chas. T. Fisher M.D. M. D. or other

Address: Salisbury, Md. Date signed: 3/8/'40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03566

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico Co

City or town Salisbury Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore TB Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 19 days

Stay in this community (yrs., or mos., or days) 19 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Henderson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR unknown

3. (a) FULL NAME Ralph S Jones

3. (b) Social Security Number

4. Sex	5. Color or race	6(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife unknown

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 24, 1894

8. AGE:

Years	Months	Days	If less than one day
45	6	18	hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation laborer

11. Industry or business

FATHER 12. Name George Jones

13. Birthplace Maryland

MOTHER 14. Maiden name Phlalea Shockley

15. Birthplace Maryland

16. Informant George Jones (Son)

Address Wyoming Delaware

17. Burial Date thereof Mar. 25 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greensboro

Location Greensboro Md.

18. Funeral director R. B. Rawlings

Address Greensboro Md.

19. 3/22, 1940 Harriet E. Johnson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1940, at 5.00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/1/40 19 to 3/22/40 19, and that I last saw h~~im~~ alive on 3/21/40 19

Immediate cause of death	DURATION
Pulmonary Tuberculosis	unknown
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul Ben MD
M. D. or other

Address Salisbury Date signed 3/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (61)

03567

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Peninsula G Hospital
Stay in hospital or inst. (yrs., or mos., or days) 4
Stay in this community (yrs., or mos., or days) 4

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Wicomico
City or town Salisbury Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. n
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Agnes Kenney

3. (b) Social Security Number

4. Sex: female
5. Color or race: a a
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Mathew Kenney
6(c) If alive, give age 25 years
7. Birth date of deceased (mo., day, yr.): Sept 12 - 1914

8. AGE: Years 25 | Months 6 | Days 11 | If less than one day ___ hrs. ___ min.

9. Birthplace: Laurel Del.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: no
FATHER
12. Name: James West
13. Birthplace: Laurel Del
MOTHER
14. Maiden name: Beatrice West
15. Birthplace: Laurel Del
16. Informant: James West
Address: Delmar Del
17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 26-1940 (month) (day) (year)
Cemetery or crematory: Union
Location: Delmar Md Side
18. Funeral director: James F. Stewart
Address: Salisbury Md
19. 3/26 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-23 1940, at ___ M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-21 1940, to 3-23 1940, and that I last saw h CV alive on 3-22- 1940.

Immediate cause of death: Diabetic coma
Due to: Diabetes
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ___ Date of ___
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ___ Injured at work?

23. SIGNATURE: Philip R. Trusley Md
M. D. or other
Address: Salisbury Md Date signed 3-23-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03568

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Pen. Genl. Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 Month, 5 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Costen Station Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural, Near Pocomoke City, Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Eddie Landing

3. (b) Social Security Number Ross-219-05-3059 Lost

4. Sex F.

5. Color or race Col.

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Hewitt Landing

6(c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) January 3, 1911

8. AGE: Years 29 Months 1 Days 28 If less than one day ___ hrs. ___ min.

9. Birthplace Costen Station - Somerset - Md.
(Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

FATHER
12. Name Robert H. Miles
13. Birthplace Somerset County, Md.

MOTHER
14. Maiden name Mary Elizabeth Stevenson
15. Birthplace Somerset County, Md.

16. Informant Robert H. Miles
Address Costen Station, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3 (month) 3 (day) 40 (year)

Cemetery or crematory Christ Methodist Cemetery

Location Near Costen Station, Md.

18. Funeral director John H. Bradshaw
Address Pocomoke City, Md.

19. 3/1 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-1- 1940, at 12:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-28- 1940, to 3-1- 1940, and that I last saw her alive on 3-1- 1940.

Immediate cause of death Carcinoma of Uterus — DURATION 1 year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Uterus

Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Claus F. Fischer M.D. M. D. or other

Address Salisbury, Md. Date signed 3/1/40

RECEIVED
MAR 15 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

03569

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (Rural)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Eastern Shore TB Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in this community (yrs., mos., or days) 2 days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Worcester

(c) City or town Snow Hill
(If outside city or town limits, write RURAL and give town)

(d) Street No. Collins St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Edgar Claston Mabe

3 (b) If veteran, name war —

3 (c) Social Security No. unknown

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. widower

6 (b) Name of husband or wife Margaret V Hunt Mabe

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 28, 1909

8. **AGE:** Years 30 | Months 11 | Days 16 | If less than one day _____ hr. _____ min.

9. Birthplace Galax, Carroll Co, Virginia
(Town, county, and state)

10. Usual occupation minister

11. Industry or business —

FATHER
12. Name Charlie Mabe
13. Birthplace North Carolina

MOTHER
14. Maiden Name Mary Jane Snow
15. Birthplace North Carolina

16 (a) Informant Piercy Mabe (Sister)
(b) Address 418 Warren & Crescent Sts Norfolk Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 18 40 (month) (day) (year)
(c) Cemetery or crematory Oakland
Location Galax Va.

18 (a) Funeral director Hearne & Dennis
(b) Address Snow Hill Md

19 (a) 3/15/40 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death March 14 1940, at 4.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/13/40 19____, to 3/14/40 19____, and that I last saw him alive on 3/14/40 19____.

Immediate cause of death	Duration
Pulmonary Tuberculosis	1 wk.
fatal hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** Paul Chen M.D.
M. D. or other

Address Salisbury Md Date signed 3/14/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8)

Reg. Dist. No. 333

CERTIFICATE OF DEATH

03570

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: P.G. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write RURAL and give town)

(d) Street No. _____ (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Infant, Mills

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3/24/40

8. **AGE:** Years Months Days Stillborn — If less than one day — hr. — min.

9. Birthplace Salisbury Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Franklin Mills

13. Birthplace Wilmington Del

MOTHER 14. Maiden Name Madora Howard

15. Birthplace Shaptown

16 (a) Informant Franklin Mills

(b) Address Hebron Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/40 (month) (day) (year)

(c) Cemetery or crematory Red Mens Cem.

Location Shaptown Md.

18 (a) Funeral director Mrs C G Messick Davis

(b) Address Hebron Md.

19 (a) 3/26/40 (Date rec'd by registrar) (b) Harriet E. Johnson Social Registrar

MEDICAL CERTIFICATION

20. Date of death 3/24/40 19__, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from _____ 19__, to _____ 19__, and that I last saw him alive on _____ 19__.

Immediate cause of death _____ Duration

Due to Stillborn

Due to Prematurity 6½ months

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature A W Kiss, M. D. M. D. or other

Address Salisbury, Md. Date signed 3/27/40

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 8 1940
BUREAU V. S.

(Dr. Brown)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

03571

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
County Wicomico Co
City or town Parsonsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 18 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico Co
City or town Parsonsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John H. Mills

3. (b) Social Security Number None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Susie Mills
about 6(c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) May 18, 1860

8. AGE: Years 79 | Months 9 | Days 15 | If less than one day ___ hrs. ___ min.

9. Birthplace R.F.D. - Princess Anne Md
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Own Farm
FATHER
12. Name Daniel F. Mills
13. Birthplace R.F.D. - Princess Anne Md
MOTHER
14. Maiden name Ella Dryden
15. Birthplace R.F.D. - Princess Anne Md
16. Informant Mrs Etta Conner
Address 209 - Balto. Ave. Ocean City Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 6-40 (month) (day) (year)
Cemetery or crematory Mt. Olive Cemetery
Location Worcester Co. near Snow Hill Md
18. Funeral director Holloway & Co Walter R. Holloway
Address Salisbury Maryland
19. Mar. 6 1940 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3rd 1940 (1025 P M) at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1st 1940, to March 3 1940, and that I last saw him alive on March 3 1940.

Immediate cause of death Paralysis — DURATION 3 days
Due to Cerebral hemorrhage — 3 days
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles F. Brown MD M. D. or other
Address Salisbury Md Date signed 3/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 5 1940
BUREAU V. S.

Dr. Wanner

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (W)

CERTIFICATE OF DEATH

03572

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: County Wicomico; City or town Salisbury (If outside city or town limits write RURAL NEAR and give town); Street address, hospital, or institution: P. H. Bloyd; Stay in hospital or inst. (yrs., or mos., or days); Stay in this community (yrs., or mos., or days) 18 years

2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother): State Md. County Wicomico; City or town Salisbury (If outside city or town limits write RURAL NEAR and give town) Ward No.; Street No. Lake Street (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth Miner

3. (b) Social Security Number None

4. Sex: Female | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Franklin Miner

6(c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): No Record. 1871

8. AGE: Years: 68 | Months | Days | If less than one day: hrs. min.

9. Birthplace: R.F.D. Felton Del. (Town, county, and state)

10. Usual occupation: Home wife

11. Industry or business: At Home

FATHER — 12. Name: William Jester

FATHER — 13. Birthplace: Sussex Co. Del.

MOTHER — 14. Maiden name: Margaret Rice

MOTHER — 15. Birthplace: Sussex Co. Del.

16. Informant: George Dudonis

Address: 405 Whitridge ave. Baltimore Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 8. 1940 (month) (day) (year)

Cemetery or crematory: Budgeville Cemetery

Location: Budgeville Delaware

18. Funeral director: Holloway & Co. Walter R. Holloway

Address: Salisbury Md.

19. 3/8/1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6-1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 5 1940, to March 1940, and that I last saw her alive on March 5 1940.

Immediate cause of death: Diabetic coma — DURATION: 3 days

Due to:

Due to:

Other conditions: Valvular heart disease — 2

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy Md

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Nature of injury — Injured at work?

23. SIGNATURE W. Wanner M.D. M. D. or other

Address Salisbury Md. Date signed Mar 7

RECEIVED
MAR 14 1940
BUREAU V. S.

Dr. Rademaker

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03573

CERTIFICATE OF DEATH

94a

Reg. Dist. No. H

1. PLACE OF DEATH:
County Wicomico
City or town Delmar
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R.D. #3
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Delmar Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. RD #3
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John W. Owens

3. (b) Social Security Number None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Widower
6 (b) Name of husband or wife Annie Owens
6(c) If alive, give age Dead years
7. Birth date of deceased (mo., day, yr.) June 4 - 1870

8. AGE: Years 69 Months 8 Days 28 If less than one day hrs. min.

9. Birthplace near Salisbury Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER 12. Name John W. Owens
13. Birthplace Fruitland Md.
MOTHER 14. Maiden name Elizabeth Elliott
15. Birthplace Sussex County Del.
16. Informant Russell Owens
Address RD. #3 Delmar Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 4-1940 (month) (day) (year)
Cemetery or crematory Owens Cem
Location near St. Luke Church
RFD - Fruitland Md
18. Funeral director Holloway & Co Walter R. Holloway
Address Salisbury Md
19. 3-4- 1940 (Date rec'd by registrar) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2nd 19 , at 8.45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from medical examiner 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Coronary Thrombosis — DURATION 15 mins
Due to arteriosclerosis
Due to
Other conditions
(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; no
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F. A. Rademaker M.D. Deputy Med. Examiner Wicomico Co. M. D. or other
Address Salisbury Md Date signed 5-4-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E) (B)

03574

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:
County: Uconico
City or town: Rural, near Salisbury (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Ocean City Road, R.D. 3.
Stay in hospital or Inst. (yrs., or mos., or days): V
Stay in this community (yrs., or mos., or days): 3 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Connecticut County: New London
City or town: Ledyard Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Rural R.D. V Mystic, Conn. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: V

3. (a) FULL NAME: Samuel Parke

3. (b) Social Security Number: V

4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Eva Hudson Parke
6(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): Feb. 8, 1853.

8. AGE: Years: 87 | Months: 0 | Days: 28 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Groton, New London, Conn. (Town, county, and state)

10. Usual occupation: Lawyer

11. Industry or business:

FATHER 12. Name: Ledyard Parke

13. Birthplace: Groton, Conn.

MOTHER 14. Maiden name: Fanny Burrows

15. Birthplace: Gales Ferry, Conn.

16. Informant: Mrs. Samuel Parke, Address: Mystic, Conn. R.D. V.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/9/40 (month) (day) (year)

Cemetery or crematory: Elm Grove

Location: Mystic, Conn.

18. Funeral director: The Hill & Johnson Co.

Address: Salisbury, Md.

19. 3/7 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 6, 1940, at 11 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 10 1940, to March 6 1940

and that I last saw ~~him~~ alive on March 6th 1940

	DURATION
Immediate cause of death: Mitral Stenosis	8 yrs
Due to: Chronic Interstitial Nephritis	10 yrs
Due to: Prostatitis	8 yrs
Other conditions: Prostatectomy	Sept 1938

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Charles N. Brown M.D. M. D. or other
Address: Salisbury Md. Date signed 3/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-A)

03575

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

WITHIN CORPORATE LIMITS

County Wicomico

City or town Salisbury, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 309 Baker Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town Salisbury, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 309 Baker Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alonzo Jason Parker.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1860

8. AGE: Years 79 | Months 5 | Days 29 | If less than one day ____ hrs. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Retired watchman

11. Industry or business Pennsylvania Railroad Co.

FATHER 12. Name Elijah Parker

13. Birthplace Maryland

MOTHER 14. Maiden name Sarah E. Elliott

15. Birthplace Delaware

16. Informant O. J. Parker

Address Delmar, Del.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/31/40 (month) (day) (year)

Cemetery or crematory M. P. Cemetery

Location Delmar, Delaware.

18. Funeral director Charles M. Grant

Address Salisbury, Maryland.

19. 3/31, 1940 (Date rec'd by registrar) Harriet L. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/29/1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1938, to 3/29 1940, and that I last saw h- alive on 3/28/40 1940

	DURATION
Immediate cause of death Cerebral Hemorrhage	2 yrs
Due to Hypertension	years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thos R Mann M. D. or other

Address Salisbury Md Date signed 3/30/40

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93d)

03576

CERTIFICATE OF DEATH

Reg. Dist. No. 3321

1. PLACE OF DEATH:
County Wicomico
City or town Powellville (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 13 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wicomico
City or town Powellville (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Adeline Lyda Powell
3. (b) Social Security Number none

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife King Powell
6(c) If alive, give age 62 years
7. Birth date of deceased (mo., day, yr.) Nov. 14. 1879

8. AGE: Years 60 Months 4 Days 9 If less than one day ___ hrs. ___ min.

9. Birthplace Powellville, Wicomico, Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business ✓
FATHER 12. Name James Collins
13. Birthplace Md.
MOTHER 14. Maiden name Hulda Smock
15. Birthplace Md.
16. Informant King Powell
Address Powellville, Md.
17. Burial Date thereof March 25, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Line Church Md. Side
Location Pittsville Md between Gumboro Del.
16. Funeral director M. Pasha Watson
Address Selbyville, Del
19. Mar. 25, 1940 Lillian R. Davis Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-23 1940, at 1 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1937, to August 1939, and that I last saw her alive on August 1939.
Immediate cause of death (Was unattended at death), Myocarditis Chronic
Due to Hypertension
Due to
Other conditions This patient had received no treatment from August 1939 to date of death.
(Include pregnancy within 3 months of death)
Major findings:
Dt operations
Dt autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank R. Lewis M. D. or other
Address Willards Md. Date signed 3-24-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 5 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03577

Reg. Dist. No. H 336

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Maryland Avenue

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 119 Maryland Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Gene Dennis Riley

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 20, 1939

8. AGE: Years | Months 5 | Days 14 | If less than one day hrs. min.

9. Birthplace Salisbury, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Samuel Riley

FATHER 13. Birthplace Denton, Md.

MOTHER 14. Maiden name Gladys Sims

MOTHER 15. Birthplace Sandy Cove, Md.

16. Informant Samuel Riley

Address Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-6-40 (month) (day) (year)

Cemetery or crematory Hastings Asm.

Location Salisbury, Md.

18. Funeral director Will S. Mangel

Address Salisbury, Md.

19. March 4, 1940 (Date rec'd by registrar) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1940, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 4 1940, to March 4 1940, and that I last saw h-- alive on March 4 1940.

Immediate cause of death	DURATION
(a) Broncho Pneumonia	3
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. E. Decate M. D. or other

Address Salisbury, Md. Date signed 3/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(157-e)

03578

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: P.G. Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: Worcester
(For newborn infants give residence of mother)

State Md County ~~Wicomico~~

City or town ~~Salisbury~~ Snow Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Benjamin John Silliston

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife ✓

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) March 8, 1940

8. AGE: Years | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Salisbury Wicomico Md
(Town, county, and state)

10. Usual occupation ✓

11. Industry or business

FATHER
12. Name Calvin Silliston
13. Birthplace Virginia

MOTHER
14. Maiden name Marie F. Hamblin
15. Birthplace Maryland

16. Informant Calvin S. Silliston
Address Snow Hill Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof March 9-40 (month) (day) (year)

Cemetery or crematory M. E. Cemetery

Location Snow Hill

18. Funeral director Hearne & Dennis
Address Snow Hill Md

19. 3/9 1940 Harriet E. Johnson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1940, at 1:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 8 1940, to March 9 1940, and that I last saw him alive on March 9 1940

Immediate cause of ~~death~~ Premature (Patent Foram Ovale)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hunter R Mann M. D. or other

Address Salisbury Md Date signed 3/9/40

RECEIVED
APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

03579

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:
County Wicomico
City or town Salisbury (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 611 Wilson Now St
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Infant

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Mother
State Maryland County Wicomico
City or town Salisbury Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No. 611 Wilson St (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant of James Smith

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Col	Infant

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6 1940

8. AGE: Years | Months | Days | If less than one day ____hrs. ____min.
Stillborn

9. Birthplace Salisbury - Wicomico . Maryland (Town, county, and state)

10. Usual occupation Still

11. Industry or business

FATHER
12. Name James Smith
13. Birthplace Virginia

MOTHER
14. Maiden name Catherine Dashiell
15. Birthplace Maryland

16. Informant Catherine Dashiell
Address 611 Wilson St. Salisbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/8/40 (month) (day) (year)
Cemetery or crematory Quantico Cem.
Location Quantico, Md.

18. Funeral director James L. Smith (acting) per Harriet E. Johnson
Address Salisbury, Md.

19. 3/9/40 (Date rec'd by registrar) Harriet E. Johnson (Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940, at 7:55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 6 1940, to Mar 6 1940, and that I last saw h alive on Still born 19

Immediate cause of death	DURATION
Still born	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. D. Browne M.D. M. D. or other
Address Salisbury - Md Date signed 3/7/40

RECEIVED
APR 6 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

03580

CERTIFICATE OF DEATH

Reg. Dist. No. 333

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:

County Wicomico

City or town Salisbury
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 413 Fitzwater St.

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 61 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wicomico

City or town Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 413 Fitzwater
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME John C. Spence

3. (b) Social Security Number ✓

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harriett Virginia Spence

6(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.): June 25, 1878.

8. AGE: Years 61 Months 9 Days 3 If less than one day ____ hrs. ____ min.

9. Birthplace: Salisbury, Wicomico, Md.
(Town, county, and state)

10. Usual occupation: U. S. Mail Carrier

11. Industry or business ✓

FATHER
12. Name: Henry D. Spence
13. Birthplace: Sussex Co., Del.

MOTHER
14. Maiden name: Alvina M.
15. Birthplace: Bangor, Maine

16. Informant: George C. Spence
Address: Salisbury, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/31/40 (month) (day) (year)

Cemetery or crematory: Parsons

Location: Salisbury, Md.

18. Funeral director: The Hill & Johnson Co.
Address: Salisbury, Md.

19. 3/31, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28, 1940, at 8.10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 28 1940, to March 28 1940, and that I last saw him alive on March 28 1940.

Immediate cause of death: Angina Pectoris — DURATION: 1940

Due to: Arteriosclerosis — 6 mo.

Due to: C. Lov. Int. Nephritis — 12 mo.

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: H. O. Daisey M.D. or other

Address: Salisbury, Md. Date signed 4/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1940
BUREAU V. S.

Dr. Mann

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03581

Reg. Dist. No. 333

1. PLACE OF DEATH: County Wicomico Co. City or town Salisbury (If outside city or town limits, write RURAL NEAR and give town) Street address (hospital or institution): R.D. #1. Stay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days) 80 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Md. County Wicomico Co. City or town Salisbury Ward No. (If outside city or town limits, write RURAL NEAR and give town) Street No. R.D. #1. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Theodore F. Toadvine

3. (b) Social Security Number None

4. Sex Male | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Married

B (b) Name of husband or wife Annie W. Toadvine

6(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Nov. 7. 1859

8. AGE: Years 80 | Months 4 | Days 11 | If less than one day ____ hrs. ____ min.

9. Birthplace R.D. #1. Salisbury Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER 12. Name James Toadvine J. E.

13. Birthplace R.D. #1. Salisbury Md.

MOTHER 14. Maiden name Rachel Jane McSmith

15. Birthplace Worcester Co. Maryland.

16. Informant Mrs. Annie W. Toadvine

Address R.D. #1. Salisbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 20-40 (month) (day) (year)

Cemetery or crematory Parsons Cem.

Location Salisbury Md.

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Md.

19. 3/20, 1940 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1940 (4:30a.) M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 17 1940 to March 18 1940, and that I last saw him alive on March 17 1940.

Immediate cause of death	DURATION
Pneumonia Lobar.	2 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Injured at work?

23. SIGNATURE Hewlett R Mann M. D. or other

Address Salisbury Md. Date signed Mar. 20 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (124E)

03582

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Rural near Allen
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days): ✓
Stay in this community (yrs., or mos., or days): 54 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Rural near Allen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME: Nettie Anne Townsend

3. (b) Social Security Number: ✓

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Joseph R. Townsend
6(c) If alive, give age: 57 years
7. Birth date of deceased (mo., day, yr.): July 17, 1885.
8. AGE: Years: 54 Months: 8 Days: 10 If less than one day: ____ hrs. ____ min.
9. Birthplace: Allen, Wicomico, Md.
(Town, county, and state)
10. Usual occupation: At home
11. Industry or business: ✓
FATHER 12. Name: Judge James Murray
13. Birthplace: Sussex Co., Delaware
MOTHER 14. Maiden name: Jane Ives
15. Birthplace: Wicomico Co. Md.
16. Informant: Joseph R. Townsend
Address: Eden, Md. R.D. V.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/14/40 (month) (day) (year)
Cemetery or crematory: Shad Point M.E.
Location: Shad Point, Md.
18. Funeral director: R. Hill & Johnson Co.
Address: Salisbury, Md.
19. 3/24/40 (Date rec'd by registrar) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 17, 1940, at 11:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 22, 1940, to March 22, 1940, and that I last saw h e ~~alive~~ dead on March 22, 1940.

	DURATION
Immediate cause of death: Ruptured posterior esophageal varicosity	
Due to: Cirrhosis of Liver.	12 years
Due to:	
Other conditions:	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations:	
Of autopsy:	

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John H. Yeamans M. D.
M. D. or other
Address: 222½ Camden Ave. Salisbury Date signed: 3-21-40.

RECEIVED
APR 6 1940
BUREAU V. S.

Dr. Emrich

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23:a)

CERTIFICATE OF DEATH

03583

Reg. Dist. No. 331

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Wicomico
City or town: Hebron
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: RD #1.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 81 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Wicomico
City or town: Hebron Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: RD #1.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Ellen Smiley

3. (b) Social Security Number: None

4. Sex: Female | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John F. Smiley

6(c) If alive, give age: dead years

7. Birth date of deceased (mo., day, yr.): Jan 31. 1859

8. AGE: Years: 81 | Months: 6 | Days: 27 | If less than one day: hrs. min.

9. Birthplace: Quantico Md.
(Town, county, and state)

10. Usual occupation: Home wife

11. Industry or business: at Home

FATHER
12. Name: Magsellen Bailey
13. Birthplace: Quantico Md.

MOTHER
14. Maiden name: Mary Bradley
15. Birthplace: Nanticoke Md.

16. Informant: Mrs Annie R. Bennett
Address: R.D. #1. Hebron Md.

17. Burial, cremation, or removal. Which? Burial Date thereof: (month) Mar. (day) 30 (year) 40
Cemetery or crematory: Nanticoke Cem.
Location: Nanticoke Md.

18. Funeral director: Holloway & Co - Walter R. Holloway
Address: Salisbury Md.

19. Mch 28 1940 (Date rec'd by registrar) Mrs J M Wallace Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 27. 1940 (at 10 P.M.)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 25th 1940, to March 27th 1940, and that I last saw h alive on March 27th 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Arteriosclerosis	
Due to	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: William Emrich
M. D. or other
Address: Hebron Md. Date signed: March 28th

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STATE OF MARYLAND—CERTIFICATE OF DEATH

03584

1. PLACE OF DEATH

County Wicomico — Registration Dist. No. 333

Village or City Salisbury Md. — No. — Record St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Waller, David H. — If U. S. Veteran, specify WAR —

(a) Residence: No. Salisbury Md (Usual place of abode) St., — Ward. — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia Waller

6. DATE OF BIRTH (month, day, and year): 10/29-1855

7. AGE: Years 84 | Months 4 | Days 24 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Delaware

FATHER

13. NAME: George Waller

14. BIRTHPLACE (city or town) (State or country): Dela

MOTHER

15. MAIDEN NAME: Nancy Wainwright

16. BIRTHPLACE (city or town) (State or country): Del

17. INFORMANT (Address): Edgar Waller, Millsboro Del

18. BURIAL, CREMATION, OR REMOVAL — Place: Laurel Dela — Date: 3/24, 1940

19. UNDERTAKER (Address): Franklin S. Windsor, Laurel Del

20. FILED 3/22, 1940 Harriet E. Johnson, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 22 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___ to ___, 19___; I last saw her alive on ___, 19___; death is said to have occurred on the date stated above, at 7:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary thrombosis — Date of onset 3-21-40

Other Contributory Causes of importance: Arteriosclerosis — several years

Name of operation: None — Date of ___

What test confirmed diagnosis? None — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following: No

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) [illegible] Deputy Medical Examiner M. D.

(Address) Salisbury, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-L)

CERTIFICATE OF DEATH

03585

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Wicomico
City or town Near Pittsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 8 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wicomico
City or town Nr. Pittsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Baker Wilkins.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married.

6 (b) Name of husband or wife Samp Wilkins.
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 11 1860

8. AGE:

Years	Months	Days	If less than one day
79	7	—	hrs. min.

9. Birthplace New Hope. (Town, county, and state)
10. Usual occupation ~~House~~ work.
11. Industry or business

FATHER
12. Name Major Parsons.
13. Birthplace New Hope

MOTHER
14. Maiden name Mollie Tyre.
15. Birthplace New Hope. Md.

16. Informant Samp Wilkins.
Address Pittsville. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 13 1940 (month) (day) (year)
Cemetery or crematory New Hope Cemetery.
Location Near Willards Md.

18. Funeral director Wm. Howard Wells.
Address Pittsville. Md.

19. Mar. 11 1940 (Date rec'd by registrar) Lillian R. Davis Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11th 1940, at 9:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1939 19 , to date of death 19 , and that I last saw her alive on 3-10-40 19 ,

Immediate cause of death Adenocarcinoma of stomach

DURATION

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury Injured at work?

23. SIGNATURE Frank R Lewis M.D.
M. D. or other

Address Willards Md Date signed 3-11-41.

RECEIVED
APR 5 1910
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03586

CERTIFICATE OF DEATH

Reg. Dist. No. 333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Wicomico

City or town: Salisbury (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Ocean City Rd. Route 3

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): all Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: near Salisbury, Route 3 Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Route 3 (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Melvin H. Wilson

3. (b) Social Security Number: 220-01-9123

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	a. a.	Single

6 (b) Name of husband or wife: none

6(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): 8 - 20 - '20

8. AGE:

Years	Months	Days	If less than one day
19	6	18	____hrs. ____min.

9. Birthplace: near Salisbury - Wicomico Co., Md (Town, county, and state)

10. Usual occupation: Farm work

11. Industry or business: ✓

FATHER 12. Name: Herman L. Wilson

13. Birthplace: Princess Anne, Md.

MOTHER 14. Maiden name: Priscilla Stevenson

15. Birthplace: Princess Anne, Md.

16. Informant: Herman L. Wilson

Address: Salisbury, Md. Route 3.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3 (month) 11 (day) '40 (year)

Cemetery or crematory: Houston Cemetery - Salisbury

Location: Salisbury Md.

18. Funeral director: James F. Stewart

Address: 402 E. Church St, Salisbury Md.

19. 3/11 (Date rec'd by registrar) 1940 Harriet E. Johnson (Local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 8th. 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 2d 1940, to March 8th. 1940; and that I last saw him alive on March 2d 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	6 mos
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Clara F. Fisher M.D.

M. D. or other

Address: Salisbury Md. Date signed 3/11/40

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APR 6 1940
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